

DEPARTMENT OF HEALTH CARE SERVICES

Progress Report on the CalMEND Program Mental Health Services Act

The California Mental Health Care Management Program (CalMEND) was established in 2005 as a quality improvement project to promote wellness and recovery for individuals with mental illness. Supported by funds from the Mental Health Services Act (MHSA), CalMEND operates under the sponsorship of the California Department of Health Care Services (DHCS) in collaboration with the Department of Mental Health (DMH). Professional expertise in areas of psychiatry, health informatics, recovery and support systems, finance, and project management are provided by the California Institute for Mental Health (CiMH).

The following represents excerpts from the Executive Summary of the CalMEND Annual Report for Fiscal Year 2007-2008, that was submitted to the California Department of Mental Health and the Department of Health Care Services in November 2008. Information about the CalMEND Program may be found at the following CalMEND website <http://www.calmend.org/>, and the Annual Report will soon be available at this site.

1. INTRODUCTION & OVERVIEW

Building upon the accomplishments of Fiscal Year 06/07, the CalMEND Project Team undertook efforts to advance the vision and mission of CalMEND in Fiscal Year 07/08. The over-arching theme of all work endeavours was to translate the conceptual model into practical approaches that will allow providers to improve their service effectiveness for individuals with serious mental illness or emotional disorders. Practical tools were developed in the areas of clinical processes, performance measurement, quality improvement, communication, client and family education, and operational infrastructure design. Individually and collectively these tools and approaches were developed to advance the CalMEND vision and mission, which are as follows:

Vision: CalMEND envisions that all individuals will receive support that optimizes their development and increases their resiliency and recovery from mental illness.

Mission: CalMEND's mission is to develop and support publicly-funded mental health services and supports in California that are person-centered, safe, effective, efficient, timely and equitable, that are supported by friends and community, that promote wellness/recovery, and that fully incorporate shared decision-making between consumers, family members and providers.

With this vision and mission in mind, CalMEND has evolved to be a dynamic program with many qualities. It is:

- a partnership initiative of the California Departments of Mental Health (DMH) and Health Care Services (DHCS) to improve quality and outcomes for publicly funded mental health services;
- an articulated vision and design of a transformed mental health service delivery system committed to person/family-centered wellness, recovery and community integration;
- a community of individuals and organizations committed to the continuous improvement of the mental health services system; and
- a set of resources designed to help manage and improve the current mental health service delivery system.

CalMEND is predicated on the belief that we can and must always strive to do better—and that there is always room for improvement. Our clients and communities expect and deserve nothing less. CalMEND's role in achieving this dynamic performance standard is to promote and support change in systems that improve practice and, as a result, the experience of consumers and families seeking mental health services. The overarching aim of CalMEND is to help mental health care organizations and providers of mental health services to provide *continuously improving, person-centered, and recovery oriented services* to individuals with mental illness.

The Program Development Process

CalMEND has utilized a program development approach that has four steps: 1) define requirements; 2) create and/or identify operational strategies and approaches; 3) test, re-test these processes; and finally 4) implement these tested strategies, approaches and processes on a broader scale and scope.

1. Define Requirements

In Fiscal 06/07, the CalMEND Project Team developed most the program's requirements for specialty mental health organizations. (In Fiscal Year 08/09 this will be expanded to include primary care services). These requirements were articulated in the Vision, Mission and a conceptual framework which was represented in summary and detailed process flow charts, as well as in a descriptive narrative. This narrative was vetted and revised over the course of 07/08 and includes a chapter for each section or swim lane in the flow chart, as well as descriptions of components of each swim lane with discussion of optimal service delivery performance. This revision included the incorporation of relevant philosophies and principles as defined by participating clients and family members.

In 07/08, the work was expanded to include definitions of key performance measures that adopting organizations may apply to measure performance and identify opportunities for improvement.

2. *Create and/or Identify Operational Strategies and Approaches*

A large portion of FY 07/08 was devoted to the development of practices to achieve the CalMEND Vision and Mission as articulated in the requirements. Categories of this effort included:

- Mental Health Care Tools: Clinical Guide, Decision Aids, Clinical Assessment
- Change Processes: Reliable Design, Quality Improvement, Performance Management
- Support for Design, Management and Delivery of:
 1. Full Scope of Services
 2. Effective, Efficient Care Processes
 3. System to Manage Cohort of Clients Served by the Organization (case size, case mix, client progression)
 4. Processes, Measures to Routinely Manage the Organization's Performance
 5. Appropriate Organizational and Leadership Readiness and Support

The discussions that follow this introduction provide descriptions of the processes used and work products developed with these categories in mind.

3. *Test, Re-Test Processes*

Following development and/or identification of the operational strategies and approaches, the CalMEND project team will test and re-test as needed to assure their effectiveness and practical viability. Testing has and will largely take place through pilot projects that regularly apply the QI approach known as the “Plan-Do-Study-Act” (PDSA) Cycle. Through the use of rapid testing cycles, the impact of interventions can be measured, monitored, and modified to achieve desired goals. Various pilots are already underway or are in planning stages; these tests are:

- Collaborative PIP (improve use of antipsychotics)
- Clinically Informed Outcomes Measures
- Data Sharing (to promote integrated care)
- State-level PIP re prescribing practices
- Medication Therapy Management (MTM)

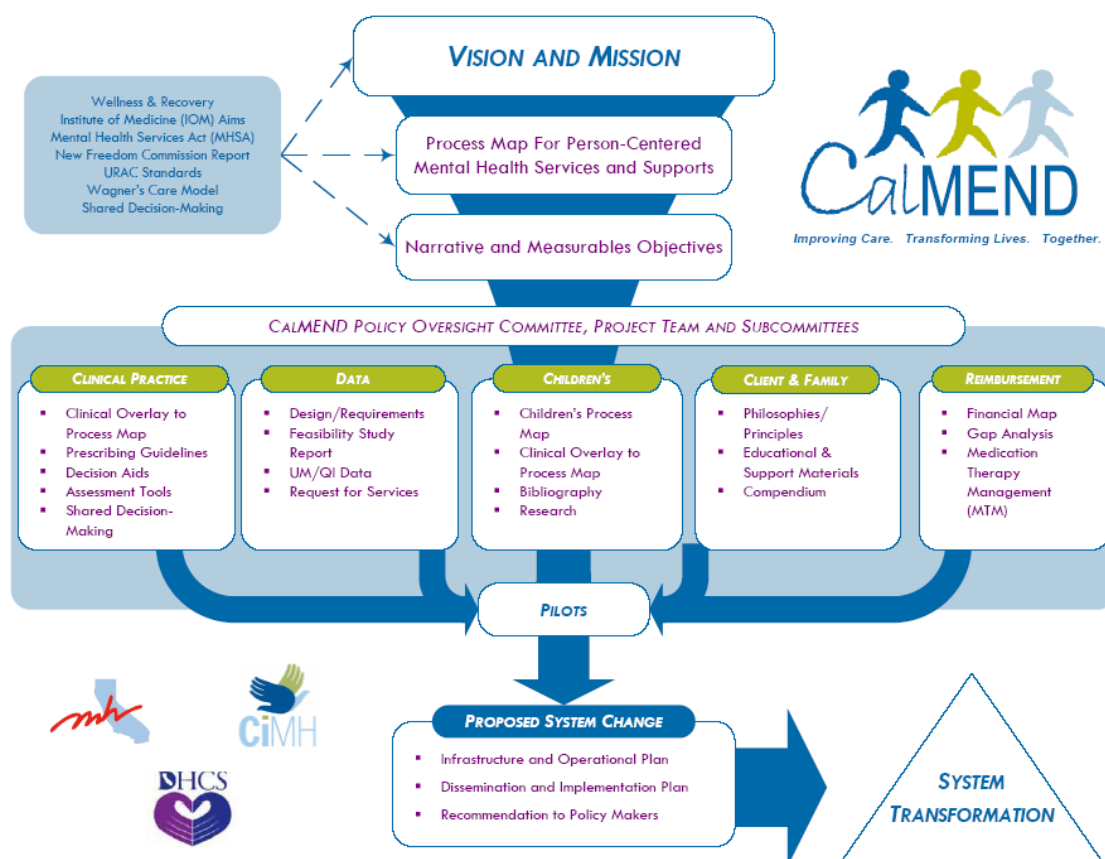
Testing will continue as new approaches emerge from the CalMEND project.

4. *Implement*

Once approaches are adequately tested and have successful pilots up and running in relevant practice sites, the team will pursue their expanded implementation. Implementation strategies will include starting small to gain early success, as well as broader plans for statewide spread and sustainability. Support of implementation will require development and use of training and

technical assistance programs that are strategically phased and supported throughout all organizational levels.

The CalMEND team continued to function within the project structure formed in Fiscal Year 06/07, which is depicted in the following diagram:



Several important themes and approaches identified and committed to since the project's inception remained prominent throughout the project team's activities:

- Transparency and communication
- Recovery oriented services that are based on shared decision making and that promote person-centered care and community integration
- Cultural competence
- Inclusion of consumer peers and consumer operated services
- Support for integrated care, including all types of co-occurring conditions
- Application across care settings

Critical references and resources identified in FY 06/07 continued to inform and guide CalMEND activities:

- Institute of Medicine Quality Chasm, 6 aims
- Institute for Healthcare Improvement
- Wagner's Chronic Care Model

- Shared-decision making approaches
- Evidence-based practices
- Client and family perspectives

Throughout the year, project leadership presented CalMEND to key constituencies to gain feedback as work progressed and to assure relevancy and usefulness of work products. These audiences included:

- California Department of Public Health
- CiMH Policy Forum
- California Mental Health Directors Association (CMHDA)
- CMHDA Medi-Cal Policy Committee
- CMHDA Medi-Cal Adult System of Care
- DMH Planning Council
- DMH Planning Council QI Subcommittee
- Southern Region County Mental Health Boards
- CiMH Information Technology Conference
- American Psychiatric Association
- Council on Medically Ill Offenders

Actual work products referenced in the following sections are provided in the appendix. These deliverables represent the body of work accomplished by the CalMEND project team in Fiscal Year 07/08 to advance the development of a comprehensive and cost-effective/efficient care management program

These accomplishments set the stage for the next phase of CalMEND efforts to begin in Fiscal Year 08/09, which will have four arching themes:

- Implementation and adoption of CalMEND by mental health provider organizations
- Adaptation of the CalMEND approaches to primary care settings in order to promote integration of mental health and medical care services
- Integration and use of data to support continuous improvement